

LR-E04-0462

October 21, 2004

New Jersey Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, NJ 08625-0029 Certified Mail Number 7003 0500 0003 4363 8916

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTS SALEM GENERATING STATION PERMIT NO. NJ0005622

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of September 2004.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods is controlled by EPA and NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or any reading or analytical result represents, the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

Sincerely,

Michael H. Brothers Vice President

Site Operations

Attachments

95-2168 REV 7/99

NJPDES Report September 2004

C Executive Director – DRBC
USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311
Director – Nuclear Safety & Licensing
C. McAuliffe, Esq.
D. Hurka
F. Keating

E. Keating SCH04-038

NJPDES Report Explanation of Deviations September 2004

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

DSN NO.

EXPLANATION

None

COUNTY OF SALEM STATE OF NEW JERSEY

- I, Michael H. Brothers, of full age, being duly sworn according to law, upon my oath depose and say:
 - I Michael H. Brothers, Vice President of Site Operations for PSEG Nuclear, and as such, am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
 - 2. I have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
 - 3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.

Michael H. Brothers Vice President Site Operations

Sworn and subscribed before me this 2/1 day of 0:1 2004

Commission expires 1-15-09



TO:

David Hurka

Nuclear Specialist, PSEG Power

October 11, 2004 Report No. TP04054A

SUBJECT: RECORD OF RHODAMINE WT DYE INJECTION FOR CIRCULATING WATER FLOW TEST AT SALEM GENERATING STATION

CONDUCTED BY:

Victor Simpson - Sr. Test Engineer, Maplewood Testing Services

PURPOSE

To report the date, time, amount and concentration of Rhodamine WT dye released to the river while testing at Salem Generating Station.

SUMMARY

Listed in the table below are the data pertinent to the injection of Rhodamine WT dye at Salem Generating Station - Unit No. 1. Testing is complete at this station.

Test	Pump	Injed	ction	Pure	Number of	Total	Effluent
Date	No.	Time		. Dye	Pumps in	System	Concentration
				Injected	Service	Flow	
		(start)	(stop)	(ml)		(1000 gpm)	(ppb)
09/21/04	11A	1110	1129	24.62	6	1110.0	0.34
09/21/04	11B	1345	1401	20.46	6	1110.0	0.35
09/21/04	12A	1414	1432	23.36	6	1110.0	0.35
09/21/04	12B	1534	1547	18.85	6	1110.0	0.35
09/21/04	13A	1650	1708	23.62	6	1110.0	0.35
09/21/04	13B	1801	1821	26.42	6	1110.0	0.35
09/21/04	11B	1329	1336	10.16	6	1110.0	0.35
09/21/04	11B	1337	1344	10.20	6	1110.0	0.35
09/21/04	13A	1633	1641	11.85	6	1110.0	0.35
09/21/04	13A	1641	1648	10.34	6	1110.0	0.35
09/21/04	13B	1747	1800	19.26	6	1110.0	0.35

Paul Scherba

Senior Supervising Test Engineer

MTS Mechanical Division



TO: David Hurka

Nuclear Specialist, PSEG Power

October 11, 2004 Report No. TP04054

SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT

SALEM GENERATING STATION - UNIT NO. 1

CONDUCTED BY: Victor Simpson

Sr. Test Engineer, Maplewood Testing Services

SUMMARY

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Generating Station Unit No.1 to determine the capacities of the circulating water pumps shown in the table below.

Work was performed under SAP work orders: 30094716, 30094786, 30094823, 30094772, 30094738, 30094773

Final results are as follows:

SUMMARY OF TEST RESULTS

Pump	CMS	Test	Measured	Pump	Pump	Total
No.	Pump	Date	Pump	Suction	Discharge	Static
	Desig.		Capacity	Head	Head	Head
			(gpm)	(ft h2o)	(ft h2o)	(ft h2o)
11A		09/21/04	159613	-12.4	8.8	21.2
11B	Α	09/21/04	158588	-8.3	14.3	22.6
12A	Н	09/21/04	160045	-7.7	14.0	21.7
12B	F	09/21/04	144982	-6.1	17.3	23.3
13A	M	09/21/04	155591	-5.9	17.0	22.9
13B	J	09/21/04	137636	-6.7	22.3	29.0

Note: Pump suction heads and discharge heads corrected to elevation 100'

David Hurka Nuclear Specialist, PSEG Power October 11, 2004 Report No. TP04054

TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 7 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inch PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total static head was obtained by measuring the pump suction head in feet from elevation 100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.

Senior Supervising Test Engineer

MTS Mechanical Division

c R. Swartzwelder

F. Todd

NJPDES PERMIT	MONITORING PERIOD		MONITO	ORED LOCATION:
NJ0005622	Month Day Year 9 1 2004 To Month Day 9 30	Year 2004 FAC	CA – SW O	utfall FACA
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	LOCATION OF ACTIVITY PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ	P. P	REPORT REC SE&G NUCLEAR O BOX 236/N21 IANCOCKS BRID	RLLC
•	REGION / COUNTY: Southe	rn / Salem County	,	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	☐ Monit	toring Report Co	mments Attached
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Michael H. Broth	rs, Vice President Operations			N/A
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SIGNATURE OF PRINCIPAL EXEC	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OF	ERATOR	DATE	AREA CODE/PHONE NUMBER
	est-ranking operator does not have the ability to authorize hall sign the following certification:	capital expenditures	and hire personne	l, a person having that responsibility or
I certify under penalty of law and i	accordance with N.J.S.A. 58:10A-6F(5) that I have review	ed the attached disc	harge monitoring re	eports.
<u>N/A</u>	<u> </u>		N/A	<u>N/A</u>
NANE AND TITLE	SIGNATURE	DA	TE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

NJPDES PERMIT	MONITORING PERIOD		MONITO	ORED LOCATION:							
NJ0005622	Month Day Year 9 1 2004 To Month Day 9 30	Year FA	ACB – SW O	utfall FACB							
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	REGION / COUNTY: Souther	n / Salem Cour	nty								
CHECK IF APPICABLE:	No Discharge this Monitoring Period	□ мо	nitoring Report Co	mments Attached							
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I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have review	ed the attached di	ischarge monitoring r	eports.							
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PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622FACB SW Outfall FACB9/1/2004 TO 9/30/2004PSEG NUCLEAR LLC

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	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Co	mments Attached
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I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attac	hed discharge monitoring re	ports.
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PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622FACC SW Outfall FACC9/1/2004 TO 9/30/2004PSEG NUCLEAR LLC

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MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

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NJPDES PERMIT	MONITORING PERIOD		MONITOI	RED LOCATION:
NJ0005622	Month Day Year 9 1 2004 To Month Day 9 30		31A – SW Outi	fall 481A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	·		REPORT RECII PSE&G NUCLEAR I PO BOX 236/N21 HANCOCKS BRIDO	LLC
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the certification. Where the hig responsibility or person designs another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that the	ce a person designated by that person. For a local age hest ranking operator does not have the ability to au ted by that person shall also sign the second certificate at the two second certificates. The highest-ranking official of the contact I have personally examined and am familiar with use individuals immediately responsible for obtaining are significant penalties for submitting false infor New Jersey water Pollution Control Act provides for	horize capital exp tion at the botton tracted entity shal the information so the information, nation, including	penditures and hire pen of this page. If the last in the last in this document is believe that the infortune the possibility of and	rsonnel, a person having that local agency has contracted with a. ment and all attachments, and primation is true, accurate and
Michael H. Broth	ers, Vice President Operations			N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICEN	SED OPERATOR	GRADE AND REGI	STRY NUMBER (IF APPLICABLE)
M12			10/20/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED	OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person	hest-ranking operator does not have the ability to authorizes shall sign the following certification:	e capital expenditu	res and hire personnel,	a person having that responsibility or
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have revi	wed the attached d	ischarge monitoring rep	orts.
<u>N/A</u>	N/A		<u>N/A</u>	<u> </u>
NANE AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	484	484		*****	*****	*****		0	1/Day	CALOTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT- 01MOAV	REPORT 01DAMX	MGD				*****		1/Day	CALCTD
	MOLECTION		が設めている。			ELECTRONICAL PROPERTY.			E		
рH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.6		0	Ilwook	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			******	6.0 01DAMN		9.0 01DAMX	su		1/Week	GRAB
·	MDL		可認思思認思		NAME OF THE PERSON OF THE PERS	NAME OF STREET	のはいはいません				
рН	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9		0	1/work	GRAB
00400 7 Intake From Stream	PERMIT, AT REQUIREMENT			*****	REPORT 01DAMN		REPORT 01DAMX	ຣບ		1/Week	GRAB
	美國語	語解語的別			建设的设计 的	Winning State	经过程的				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	COOF:N	CO 0 = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT		国家发育	******	50 01DAMN			%EFFL		2/Year	COMPOS
	MOL	是是阿里里的			任在家民的主义	CHARLES			447		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		******	CODE= N	C013/5 > N		0	CODESN	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			. ******		0.3 01MOAV	0.5 01DAMX	MG/L	おは	3/Week	GRAB
Option 1	MDL	高級時期	はは他には		認度到形型版	泛起流列性	新华安徽和		2.6	223736	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	۷٥.1	40.1		a	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	And the second s	CONTRACTOR S	•••••		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL 3		TENEWS SH		经验证的	Z SAN PROGRAM			遊	三	

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622481A SW Outfall 481A9/1/2004 TO 9/30/2004PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	31.2	35.2		0	11Day	CONTIN
00010 1 Effluent Gross Value	PERMIT	Fig. 4 seese	A MARKAN AND A MAR	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		3-1/Day 3	CONTIN
·	MOLTE		日本主要を表		HE THE TAKE	and the state of t	斯斯斯斯斯斯		Line.		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431	•	PA 343	1745/	·				
99999 99 Lab	PERMIT REQUIREMENT.	REPORT	REPORT.		REPORT Lab#	REPORT.	REPORT Lab#			Not Applic	NOT AP
	MOL		THE SHAPE		送的遊話與四個	网络罗克洛斯	海洲洲				

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 9 1 2004 To Month Day Year 9 30 2004	482A – SW Outfall 482A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	· · · · · · · · · · · · · · · · · · ·	REPORT RECIPIENT: PSE&G NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem	County
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification. Where the hig responsibility or person designa another entity to operate the tre	ce a person designated by that person. For a local agency, the hig thest ranking operator does not have the ability to authorize capital ated by that person shall also sign the second certification at the boatment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the information	al expenditures and hire personnel, a person having that ottom of this page. If the local agency has contracted with shall sign the certification.
that, based on my inquiry of the complete. I am aware that ther	ose individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, inclu New Jersey water Pollution Control Act provides for penalties up	tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ose individuals immediately responsible for obtaining the informa te are significant penalties for submitting false information, inclu	tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth	ose individuals immediately responsible for obtaining the informate are significant penalties for submitting false information, inclu New Jersey water Pollution Control Act provides for penalties up	tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL	ose individuals immediately responsible for obtaining the informate are significant penalties for submitting false information, inclu New Jersey water Pollution Control Act provides for penalties up ers, Vice President Operations	tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A GRADE AND REGISTRY NUMBER (IF APPLICABLE)
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high	ose individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, inclu New Jersey water Pollution Control Act provides for penalties up ers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATO	tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 10/20/2004 856-339-2900 DATE AREA CODE/PHONE NUMBER
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high person designated by that person.	ose individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, inclusive New Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR thest-ranking operator does not have the ability to authorize capital expenses.	tion, I believe that the information is true, accurate and iding the possibility of and/or imprisonment, pursuant to \$50,000 per violation. N/A R GRADE AND REGISTRY NUMBER (IF APPLICABLE) 10/20/2004 856-339-2900 DATE AREA CODE/PHONE NUMBER inditures and hire personnel, a person having that responsibility or
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high person designated by that person.	ose individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, inclusive are significant penalties for submitting false information, inclusive Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR Thest-ranking operator does not have the ability to authorize capital expensions the following certification:	tion, I believe that the information is true, accurate and iding the possibility of and/or imprisonment, pursuant to \$50,000 per violation. N/A R GRADE AND REGISTRY NUMBER (IF APPLICABLE) 10/20/2004 856-339-2900 DATE AREA CODE/PHONE NUMBER inditures and hire personnel, a person having that responsibility or

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

1400003022	7027	Cov Outlan 40	ZA 31	112004	0 3/30/2004	PSEG NOCE	LAILEO				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	440	454	-	*****	*****	*****		0	11Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****	が対け	1/Day	CALCTD
	SE MOLES	HARLES THE SAME	SECTION AND ADDRESS OF THE PARTY OF THE PART		NAME OF THE PARTY				製造		
pH ·	SAMPLE MEASUREMENT	******	******		7.3	******	7.6	·	0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	6.0 01DAMN		9.0 01DAMX	ຮບ		1/Week.	GRAB.
	MDL	亚洲大型现在	THE STATES		THE PERSON NAMED IN	MENTER	THE STATE OF		STATE OF THE PERSON NAMED IN	2000年2月	
рH	SAMPLE MEASUREMENT	******	*****		7.4	******	7. 9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT. REQUIREMENT			*****	REPORT 01DAMN		REPORT 01DAMX	ຮບ		1/Week	GRAB
	SAMOL	ENCORPORTE	中产业的有效。		STEWARDS NO.				端		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		COOE = N	*****	*****		0	COPF=N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT			******	50 01DAMN			%EFFL		2/Year	COMPOS
	MOL	ENERGY.	影響或影響影響			KURNEWA	HEADING WAST				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	COPETN	CODIE» IV		0	CODENN	C007=10
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	HERMANIES CO		*****	**************************************	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOLY	通過學問為基礎			阿拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	THE STATE OF THE S	CHARLES SHEET	l	100		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	40.1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT		The second secon	******		REPORT 01MOAV	0.2 COIDAMX	MG/L	が	3/Week:	GRAB
Option 2	MDL	STREET	的學術學		医外型 类的原则	REAL PROPERTY.	NEED NAME OF		震器	黑地黑红	e dans de la company

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. .

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622482A SW Outfall 482A9/1/2004 TO 9/30/2004PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	31.4	35.8				
00010 1 Effluent Gross Value	PERMIT REQUIREMENT,			******	4.11.20.41.41	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL	HANGE HANGE			STEERING STE	PERSONAL	STEPSHED IN			部間語	MENSON A
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	1745/		•			
99999 99 Lab	PERMIT AND REQUIREMENT	REPORT, Lab#	REPORT		REPORT Lab#	REPORT	REPORT	:		Not Applic	NOT AP
	S MDL	FALLINGIA	经验证证		经行为地位	BANKER WHI			霊	ALCO THE	

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. .

NJPDES PERMIT	MO	ONITORING	PERIOD		MONITOR	RED LOCATION:
NJ0005622	Month Day 9 1	Year 2004 To	Month Day 9 30		483A – SW Outf	all 483A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	F A I	LOCATION (PSE&G NUCLEA ALLOWAY CRE LOWER ALLOW	AR LLC EK NECK RD		REPORT RECIPED PSE&G NUCLEAR IN PO BOX 236/N21 HANCOCKS BRIDG	LLC
	•	REGION / C	COUNTY: South	iern / Salem (County	
CHECK IF APPICABLE:	No Dischar	rge this Monitori	ing Period		Monitoring Report Com	ments Attached
the certification or, in his abser the certification. Where the his						
responsibility or person designations another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the	ated by that person sheatment works, the high hat I have personally ose individuals imme re are significant pen	nall also sign the ghest-ranking off examined and an ediately responsitualties for submit	second certifica ficial of the cont n familiar with t ble for obtaining tting false inform	ation at the bo tracted entity the information the information, inclu-	ottom of this page. If the lashall sign the certification on submitted in this documention, I believe that the infolding the possibility of and	ocal agency has contracted with nent and all attachments, and ormation is true, accurate and
responsibility or person designanother entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ated by that person sheatment works, the high hat I have personally ose individuals imme re are significant pen	nall also sign the ghest-ranking off examined and an ediately responsite for submit ollution Control	second certifica ficial of the cont n familiar with t ble for obtaining tting false inform	ation at the bo tracted entity the information the information, inclu-	ottom of this page. If the lashall sign the certification on submitted in this documention, I believe that the infolding the possibility of and	ocal agency has contracted with nent and all attachments, and ormation is true, accurate and
responsibility or person designations another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL	ated by that person sheatment works, the highest I have personally ose individuals immere are significant pendo New Jersey water Poners, Vice President Control	nall also sign the ghest-ranking off examined and an ediately responsite alties for submit ollution Control and an ediately presented and an ediately responsite alties for submit of the edition Control and appearations	second certifica ficial of the cont m familiar with the for obtaining the false informact provides for	ation at the bo tracted entity the information the information, inclu- r penalties up	ottom of this page. If the land shall sign the certification on submitted in this documention, I believe that the infeding the possibility of and to \$50,000 per violation.	ocal agency has contracted with a. ment and all attachments, and ormation is true, accurate and al/or imprisonment, pursuant
responsibility or person designation another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL	ated by that person sheatment works, the highest I have personally ose individuals immere are significant pendo New Jersey water Poners, Vice President Control of EXECUTIVE OFFICER,	nall also sign the ghest-ranking off examined and an ediately responsibilities for submit ollution Control Apperations AUTHORIZED AG	second certifica ficial of the cont an familiar with the for obtaining the form of the for	ttion at the bottracted entity the information inclu- r penalties up	ottom of this page. If the l shall sign the certification on submitted in this documention, I believe that the infoding the possibility of and to \$50,000 per violation. R GRADE AND REGISTAND	ocal agency has contracted with o. ment and all attachments, and ormation is true, accurate and allor imprisonment, pursuant N/A STRY NUMBER (IF APPLICABLE)
responsibility or person designanother entity to operate the treat operate the treat certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTION.	ated by that person sheatment works, the highest I have personally ose individuals immere are significant pensonal values. Vice President Control of the August Police of the Aug	nall also sign the ghest-ranking off examined and an ediately responsibilities for submit collution Control Apperations AUTHORIZED AGENT, does not have the design of the control of the c	second certifica ficial of the cont ficial of the cont familiar with t ble for obtaining ting false inform Act provides for GENT, OR *ICENS OR *LICENSED O	the information at the bottracted entity the information incluing the information, incluing penalties up	ottom of this page. If the l shall sign the certification on submitted in this documention, I believe that the infeding the possibility of and to \$50,000 per violation. R GRADE AND REGISTATE	ocal agency has contracted with o. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER
responsibility or person designanother entity to operate the tree. I certify under penalty of law to that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTE.	that I have personally ose individuals immere are significant pents. New Jersey water Poners, Vice President Control of the August Procession of t	nall also sign the ghest-ranking off examined and an ediately responsite alties for submit collution Control Apperations, AUTHORIZED AGENT, does not have the egertification:	second certifica ficial of the cont familiar with the for obtaining thing false information for the formation of the formatio	the information at the bottracted entity the information include penalties up SED OPERATOR OPERATOR The capital expensions are capital expensions.	ottom of this page. If the learning shall sign the certification on submitted in this document on, I believe that the infection, I believe that the infection of the possibility of and to \$50,000 per violation. R GRADE AND REGISTANTE DATE	ocal agency has contracted with on. ment and all attachments, and ormation is true, accurate and allor imprisonment, pursuant N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER a person having that responsibility of
responsibility or person designanother entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTE.	ated by that person sheatment works, the highest I have personally ose individuals immere are significant pensonal years, Vice President Control of the August Processing of the August Processing of the School of	nall also sign the ghest-ranking off examined and an ediately responsite alties for submit collution Control Apperations, AUTHORIZED AGENT, does not have the egertification:	second certifica ficial of the cont familiar with the for obtaining thing false information for the formation of the formatio	the information at the bottracted entity the information include penalties up SED OPERATOR OPERATOR The capital expensions are capital expensions.	ottom of this page. If the learning shall sign the certification on submitted in this document on, I believe that the infection, I believe that the infection of the possibility of and to \$50,000 per violation. R GRADE AND REGISTANTE DATE	ocal agency has contracted with on. ment and all attachments, and ormation is true, accurate and allor imprisonment, pursuant N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER a person having that responsibility of

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

							· ·				
PARAMETER	\sim	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	416	454		*****	*****	*****		0	1/Day	CALOTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		S1/Day	CALCTD
	MOLES	E THE STATE OF THE	RESIGNATION			RETENERS	EPPENDEDIE		#13.5E		可以
pH ·	SAMPLE . MEASUREMENT	******	******		7.2	******	7.6		0	1/work	GRAB
00400 1 Effluent Gross Value	PERMIT, REQUIREMENT,			*****	6.0 01DAMN		9.0 01DAMX	ຮບ	野遊	1/Week	GRAB
	MOL	THE WAR	また 対象 が が は は は に に に に に に に に に に に に に		MINISTERS.	MATERIAL STATES	PER PROPERTY.				
рН	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9		0	1/words	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT 01DAMN	TATE OF THE PARTY	REPORT 01DAMX	ຮບ	語麗	1/Week	GRAB
	A MOLDON	THE STATE OF THE S	的思步级問題共產		MENSAGE ST	HOUSE BEEN					
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE=N		0	COPEIN	COPE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL	即在在四次的原	THE PURPLES		FERNING TO SERVICE TO	MARKA MARKA	STATE STATES				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		******	(0./	40./		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT.			*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL 景號	建筑的	HERMANIA			NATIONAL TARES	经产生的		TANK TANK		
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	3/. 3	34.9		ď	1/Duy	CONTIN
00010 1 Effluent Gross Value	PERMIT () REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C	接近	1/Day	CONTIN
	MOL	學的可能的	FEMALESTATE	<u> </u>		ENTRY OF	HUZHIETA TE			TO STAN	

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622483A SW Outfall 483A9/1/2004 TO 9/30/2004PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	1745/					
99999 99 Lab	उराक्षापुरस्य,वस्तर्भाद	ral ab#	REPORT Lab#		Lab # /	Lab#	REPORT		が記念	Not Applic	NOT AP

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

NJPDES PERMIT	MONITORING PERIOD)	MONITORED LOCATION:
NJ0005622	MonthDayYearMonth912004	Day Year 30 2004 484A —	SW Outfall 484A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803		PSE&6 RD PO BO	ORT RECIPIENT: G NUCLEAR LLC DX 236/N21 COCKS BRIDGE, NJ 08038
	REGION / COUNTY:	Southern / Salem County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	☐ Monitorin	g Report Comments Attached
responsibility or person designation another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the	ghest ranking operator does not have the ability to ated by that person shall also sign the second cereatment works, the highest-ranking official of the hat I have personally examined and am familiar to ose individuals immediately responsible for obtained are significant penalties for submitting false its New Jersey water Pollution Control Act provide	tification at the bottom of this contracted entity shall sign the vith the information submitte ining the information, I belie information, including the positions.	s page. If the local agency has contracted with the certification. d in this document and all attachments, and we that the information is true, accurate and ssibility of and/or imprisonment, pursuant
			per violation.
Michael H. Broth	ners, Vice President Operations	<u> </u>	N/A
	Ners, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *1	CENSED OPERATOR GR	•
NAME AND TITLE OF PRINCIPAL			N/A ADE AND REGISTRY NUMBER (IF APPLICABLE) 10/20/2004 856-339-2900
NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *1	SED OPERATOR DAT	N/A ADE AND REGISTRY NUMBER (IF APPLICABLE) 10/20/2004 856-339-2900 E AREA CODE/PHONE NUMBER
NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the hig person designated by that person	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *1 CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICEN Chest-ranking operator does not have the ability to aut	SED OPERATOR DAT	N/A ADE AND REGISTRY NUMBER (IF APPLICABLE) 10/20/2004 856-339-2900 E AREA CODE/PHONE NUMBER hire personnel, a person having that responsibility or
NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the hig person designated by that person	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *1 CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENT Chest-ranking operator does not have the ability to aut shall sign the following certification:	SED OPERATOR DAT	N/A ADE AND REGISTRY NUMBER (IF APPLICABLE) 10/20/2004 856-339-2900 E AREA CODE/PIIONE NUMBER hire personnel, a person having that responsibility or

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	405	453		*****	*****	*****		0	11Pay	CALOTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD				• •••••		1/Day	CALCTD
	MDL	音樂百年時間			科斯尼亞斯斯斯	STEED STORY	の経過器には対理		14.5%	多年的	NAME OF THE OWNER, WHEN
pH ·	SAMPLE MEASUREMENT	*****			7.2	******	7.6		0	1/week	GRAR
00400 1 Effluent Gross Value	PERMIT NE REQUIREMENT	****		******	6.0 + 01DAMN	THE STATE OF	9.0 01DAMX	ຮບ		1/Week	GRAB
	MOL		西西南部河南		建铁铁铁铁铁		WEAR REFEREN		認	建设设置	
рН	SAMPLE MEASUREMENT	****	*****		7.4	*****	7.9		0	1/work	GRAB
00400 7 Intake From Stream	PERMIT TO REQUIREMENT			*****	REPORT 01DAMN		REPORT 01DAMX	su	新など	1/Week	GRAB
	STE MOLT CO	TANKE TANK			程度是是是自己的						
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODEEN	*****	*****		0	OODESN	0005=D
TAN6A 1 Effluent Gross Value	PERMIT AT REQUIREMENT			*****	50 01DAMN			%EFFL		2/Year	COMPOS
	MDL R	ELIMINATE P	HENTE LINE		AND STREET	阿斯斯斯斯	MATERIAL STATES			工程设施	
Chiorine Produced Oxidants	SAMPLE MEASUREMENT	******	*****		****	CORESN	CONSIN		o	CONE = N	CON = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	######################################	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL	的把說解的理	THE PERSON		MANUFACTOR	加州西部市	新新教育		自建設		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	40.1	40./		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	The state of the s	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL	自由的表面	學的學術學的學		经过程的	经过程的	STATE FRANCE				

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622484A SW Outfall 484A9/1/2004 TO 9/30/2004PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	******		*****	32.3	38./		0	Ilpay	CONTIN
00010 1 Effluent Gross Value	PERMIT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C	KE.	多是实验证据	CONTIN
	MDL	THE STREET	THE STREET			YESE DE YEST					
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451		•			
99999 99 Lab	PERMIT:	REPORT Lab#	REPORT Lab#	[REPORT Lab#	REPORT	REPORT Lab#			Not Applic	NOT AP
				 	調管性語為	可是是不可能					

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

NJPDES PERMIT	MONITORING PERIOD	.MONITO	RED LOCATION:
NJ0005622	Month Day Year 9 1 2004 To Month Day Year 9 30 2004	485A – SW Ou	tfall 485A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	LOCATION OF ACTIVITY: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000	REPORT REC PSE&G NUCLEAR PO BOX 236/N21 HANCOCKS BRID	LLC
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Co	mments Attached
the certification or, in his absence the certification. Where the high responsibility or person designate another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that there	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the boutment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informations individuals immediately responsible for obtaining the information are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of I expenditures and hire pottom of this page. If the shall sign the certification submitted in this docution, I believe that the inding the possibility of an	the treatment works shall sign bersonnel, a person having that local agency has contracted with on. ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant
	rs, Vice President Operations		N/A
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR	R GRADE AND REG	SISTRY NUMBER (IF APPLICABLE)
M1.f		10/20/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s	est-ranking operator does not have the ability to authorize capital expen hall sign the following certification:	nditures and hire personnel	, a person having that responsibility or
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ed discharge monitoring re	ports.
<u>N/A</u>	<u>N/A</u>	N/A	N/A
NANE AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

.100000022		CII Cuttuit 40.				·					
PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	292	428		*****	*****	******		0	11Day	CALCTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Day	CALCTD
·	MDL TERM	西部門的問題	是經濟學的		HEREIGH HERE	经和收益的			主题		THE STATE OF THE S
pH ·	SAMPLE MEASUREMENT	******	*****		7.3	*****	7. 7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT,	The state of the s		*****	6.0 01DAMN		9.0 01DAMX	su	學院	1/Week	GRAB
·	WOL TO	がはいい。			E THE RESERVE	MARKET			認	2000年	語語語
рН	SAMPLE MEASUREMENT	******	*****		7.4	*****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT AND REQUIREMENT	******		*****	REPORT.		REPORT 01DAMX	รบ	機能	1/Week	GRAB
	MOL		THE SHEET SEED		特殊仍然就				藍		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODEON	*****	*****		0	CODE: N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT.			******	50 01DAMN	METAL MARKET COME MARKET MARKET COME MARKET MARKET COME		%EFFL	を発	2/Year=	COMPOS
	MOL	MARCH MOTORS	White series to		新加州政府	海班班等	建筑地域的设			知道	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		****	CODETH	C0015 4N		o	CODIETN	CODEZN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	***************************************		•••••	**************************************	0.3 01MOAV	0.5 01DAMX	MG/L	糖	3/Week	GRAB
Option 1	MOL	国际政治总统	01年6年601分割]	EFFLAMENTS	AND STREET	阿斯斯斯斯斯		號		
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	40.1	20./		0	3/week	GRAB
Oxidants *CPOX 1 Effluent Gross Value	PERMIT TO REQUIREMENT.		A STATE OF THE STA	******	And the second of the second o	REPORT 01MOAV	0.2 01DAMX	MG/L	高 数 数 数 数	3/Week	GRAB
Option 2	MOL	SIGNATURE	STORMS CONTRACTOR	1	数据数据数		HERETS FOR]	Č.		理學的

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****	-	*****	32.5	36./		0	11Day	CONTIN
00010 1 Effluent Gross Value	PERMIT			******		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day.	CONTIN
	WOL	ELIZAMENTA	STREET,		FIRMENTS	SECTION OF THE PARTY OF THE PAR	estates de				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451				•	
99999 99 Lab	PERMIT REQUIREMENT.	REPORTATION Lab #	REPORT Lab #		REPORT Lab#	REPORT Lab#	REPORT.			* A. L. C. L. S. T. C. L. L. S. S. C. L. S. S. S. C. L. S. S. S. C. L. S.	NOT AP
•			STEETERS S		SATURE DE	SEE PROPERTY OF					国的特别

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 9 1 2004 To Month Day 9 30	Year 486A – SW Outfall 486A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	LOCATION OF ACTIVITY PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ	PSE&G NUCLEAR LLC PO BOX 236/N21
•	REGION / COUNTY: Southe	ern / Salem County
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification. Where the hig responsibility or person designs another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that the	hest ranking operator does not have the ability to author ted by that person shall also sign the second certification atment works, the highest-ranking official of the contra- at I have personally examined and am familiar with the use individuals immediately responsible for obtaining t	the information submitted in this document and all attachments, and the information, I believe that the information is true, accurate and ation, including the possibility of and/or imprisonment, pursuant
Michael H. Broth	ers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSE.	D OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 10/20/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTIIORIZED AGENT, OR *LICENSED OF	PERATOR DATE AREA CODE/PHONE NUMBER
	nest-ranking operator does not have the ability to authorize whall sign the following certification:	capital expenditures and hire personnel, a person having that responsibility or
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have review	ved the attached discharge monitoring reports.
<u> </u>	<u>N/A</u>	N/AN/Λ
NANE AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	458	464		*****	*****	*****		0	11Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****	が説は	1/Day	CALCTD
	Mouse	語の記憶を	語言語則		Herrich Harring	HIERARCHI	PROPERTY OF THE PARTY OF THE PA		规型	1997	
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT AND REQUIREMENT.			******	6.0 01DAMN		9.0 01DAMX	SU	7.55	1/Week	GRAB
	MOL	割の発音を表	经国际的证据		器的相談的語言	PROTEST PRO	到加加。			AREA S	
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT. REQUIREMENT			*****	REPORT 01DAMN	***************************************	REPORT 01DAMX	su	14.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44 11.44	1/Week	GRAB
	MOLES	が記れる	被加速的现在			海路等等	TECHENIE OF THE		126		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = N		0	OOPERN	C0D15=N
*CPOX 1 Effluent Gross Value	PERMIT			*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL 4	超過觀點超過			STATISTICS.	enter andre	MARKET STATE		Ties.	STATE	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3 hour	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		And the second of the second o	*****	**************************************	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	- GRAB
Option 2	等MDL 完成	學的學學學	(1985年)		A PARTICIPAL DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION D	PARTHEUM	經過程數學				
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	31.3	35,3		0	11Duy	CONTIN
00010 1 Effluent Gross Value	PERMIT OF REQUIREMENT.		**************************************	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C	编	1/Day	CONTIN
·	SET MOLTO		经验证证明		SHEETERS .	MANUSCONIA STATE	经国际政策通				

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Repor

PI 46814

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622486A SW Outfall 486A9/1/2004 TO 9/30/2004PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	PERMIT	Lab#	A Commence of the Commence of			Lab#	REPORT.		時間	Not Applic	NOT AP
	MDL	RESTRUCTION OF	非规则证明		認為的語句思考		新加州的			经验证	建筑建筑

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responses person designated by that person shall sign the following certification: I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports. N/A N/A N/A N/A		· · · · · · · · · · · · · · · · · · ·								
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RD ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038 REGION / COUNTY: Southern / Salem County CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall is the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contract another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information is ture, accurate complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursu to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation. Michael H. Brothers, Vice President Operations N/A NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR BASE AND REGISTRY NUMBER (IF APPLIC 10/20/2004 856-339-2900 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR AREA CODEPTIONE NUM *For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responers on designated by that person shall sign the following certification: I certify under penalty of law and in accordance with N.J.S.A. \$8:10A-6F(5) that I have reviewed the attached discharge monitoring repor	NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:						
PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RD ALLOWAY CREEK NECK RD ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038 REGION / COUNTY: Southern / Salem County CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall state certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contract another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments that, based on my inquiry of those individuals immediately responsible for obtaining the information, including the possibility of and/or imprisonment, purst to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation. Michael H. Brothers, Vice President Operations N/A N/A N/A N/A N/A N/A N/A N/	NJ0005622									
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	NANE AND TITLE	SIGNATURE	DATE	AREA CODE/PIIONE NUMBER						

NJPDES PERMIT MONITORING PERIOD MONITORED LOCATION:										
NJ0005622	Month Day Year 9 1 2004 To Month Day Year 9 30 2004	489A – SW Outfall 48	39A							
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803		REPORT RECIPIENT PSE&G NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 0	_							
	REGION / COUNTY: Southern / Salem	County								
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments A	Attached							
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Michael H. Broth	ers, Vice President Operations	N	<u>'A</u>							
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<u>N/A</u>	<u>N/A</u>	<u> </u>	<u>N/A</u>							
NANE AND TITLE	SIGNATURE	DATE AREA O								

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

9/1/2004 TO 9/30/2004

PSEG NUCLEAR LLC

					, ,						
PARAMETER		QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1152	0.1/52		*****	. ******	*****		0	1/Month	CALOTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****	の表	1/Month	CALCTD
<u>.</u>	MOLTE IN	THE PROPERTY OF THE PARTY OF TH	可可能是是有		FARESCE AND STREET	EFFERENCE .	自然的现在对				Water Miles
p H	SAMPLE MEASUREMENT	******	*****	•	7.4	*****	7.4		0	1/Month	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	6.0 01DAMN		9.0 01DAMX	รบ		1/Month	GRAB
<u> </u>	MOL		四次		REPRESE	THE REAL PROPERTY.	是否是例如可能				
Sollds, Total Suspended	SAMPLE MEASUREMENT	*****	*****		< /	</td <td>*****</td> <td></td> <td>0</td> <td>1/Month</td> <td>GRAB</td>	*****		0	1/Month	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT		***************************************	*****	100 01DAMX	30 01MOAV		MG/L	変数	1/Month	GRAB
	MOL	运动器等语位器	就能認識的		BY WALKER	或於其間的	MARKET SEE		1		
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	******	*****		*****	<0.5	< 0.5		O	1/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT		******	*****		10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	MOLECE	医肾髓的溶液	ETERNISH	<u> </u>		ALEXANDERS AND ALEXAN	元元245元 000元				We see that
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	5	5		0	1/Month	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••		REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
	MOL	的可能是可能	新型型系统图		RESERVED TO	NATURE NATURE	BENEFITS		E.L		新典型等基
Lab Certification #	SAMPLE MEASUREMENT	17327	0 6431		PA 343	1745/					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT.	REPORT Lab#	REPORT			Not Applic	NOT AP
	Sas MOL	WARREN FRANK	SESSONAL PROPERTY.	1	NAME OF THE PARTY	TO BE THE TANK THE	经区域的表决	İ			

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".